City of Los Angeles

Request for Waiver

Workers' Compensation Insurance Requirement

Business					
Legal Name:					
Address:					
		Limited Partnership Limited Liability Company			
Contact Person (Na	ame and Telephone):				
City Reference					
City Agency		Contact Name/Tele	Contact Name/Telephone		
Document Referen	(bid, contract, job no., loc	Any work performed	d on City Premises?	Yes No	
Nature of work to	be performed for City:				
Declaration:					
partners or other pri further warrant that a Compensation cover applicable laws and further agree to hole business to comply v	incipals who have elected to I understand the requirements rage for any employees of the regulations regarding workers d the City of Los Angeles havith any such laws or regulation	be exempt from Worker's Compensate of Section 3700 et seq. of the Califor above mentioned business. I agree to compensation, payroll taxes, FICA and armless form loss or liability which roots. I therefore request that the City of with the above-referenced work.	tion coverage in accordance mia Labor Code with respec to comply with the code req and tax withholding and similar may arise from the failure of	with California law. It to providing Worker's uirements and all other employment issues. It is the above-mentioned	
Signature		Ris	Risk Management Approval:		
Owner, Officer, I	Director, Partnership or other Principa	al			
	Title				
Date					